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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 ; (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _

FLORIDA PROFIT/NON PROFIT CORPORATION D & A MEDICAL BILLING CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

DEA MEdical Billing Coep					
ARTICLE II PRINCIPAL OFFICE:					
The principal street address and mailing address is:					
7330 Gecan TER Apt 4 1903					
MiAMI BEach, Fil.: 33141					
ARTICLE III SHARES: The number of shares of stock is: 100.					
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:					
Ana Maria Ortiz-Gonzalez (P)					
Daniella Gonzalez (VP)					
4 - 6 2 - 2					
For the second s					
TANK TO THE TANK THE					
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:					
The name and Florida street address (PO Box not acceptable) of the registered agent is: AND MARIO ARTIZ - GONZAICZ					
11101 1101					
7330 Ocean Ter Apt # 1202					
Migmi beach FI 20141					
ARTICLE VI INCORPORATOR: The name and address of the Ir corporator is:					
Ana Maria Ortiz-Gonzalez					
7330 Ocean ter +p1 +120-					
Miami beach F1 33191					

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered organi Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

esteate Olax 00-26-19
Incorporator Trate